

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 12, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000002845

1. Entity Name

THE LITSCHGI FOUNDATION, INC.



Principal Place of Business

939 SEDDON COVE WY
TAMPA, FL 33602 US

Mailing Address

939 SEDDON COVE WY
TAMPA, FL 33602 US

DO NOT WRITE IN THIS SPACE



07072004 No Chg-NP

CR2E037 (10/03)

4. FEI Number

59-3455802

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LITSCHGI, BYRNE
400 NORTH ASHLEY DR., SUITE 2300
TAMPA, FL 33602

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1100000165522
07/12/04-80016-025 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LITSCHGI, ELAINE H
STREET ADDRESS	939 SEDDON COVE WAY
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	D
NAME	LITSCHGI, BYRNE
STREET ADDRESS	939 SEDDON COVE WAY
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	D
NAME	MCELWANEY, KATHLEEN L
STREET ADDRESS	4821 SAN JOSE AVE.
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	D
NAME	LITSCHGI, ALBERT B JR.
STREET ADDRESS	2632 S. DUNDEE AVE.
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

Byrne Litschgi
Byrne Litschgi

July 7 2004 813/227-6561